

## VISTA CARE CAREGIVER RATES DISCLOSURE

Please complete **all sections** below. Mark "NA" in sections that do **not** apply to you.

Caregiver's Name (If licensed/registered, must indicate name as it appears on license/registration):							
Tax I.D. or Soc. Sec. #:							
License Number: <input type="checkbox"/> No		Expiration Date:			Copy of Lic/Reg. Attached? <input type="checkbox"/> Yes		
Ages Served:							
Days of Operation:							
Hours of Operation:							

### CAREGIVER RATES

- The rates listed below are the true and correct rates that I charge all parents for the care of their child(ren).
- I understand that VISTA CARE cannot pay me more than I charge private pay clients.
- I also understand that VISTA CARE cannot pay me more than the maximum rate(s) as established by the Child Care & Development Fund for my state.
- The rate specified is the charge for normal provision of childcare services.
- I understand that I must notify VISTA CARE at least 15 (fifteen) days prior to any rate change in order for the new rate to be honored.
- I understand that VISTA CARE cannot pay fees or charges for registration, transportation, meals, late pick-up, early withdrawal, or any other miscellaneous fees or charges.
- I also understand that in any of the above cases, the parent is responsible for such fees and/or charges.
- I understand that program or policy violations will result in having to repay money to VISTA CARE and/or suspension from future participation in the VISTA CARE childcare subsidy program.

**Please List the rates that you charge for:**

AGE GROUP	FULL TIME WEEKLY	PART TIME WEEKLY	*24 HOUR/ OVERNIGHT (DAILY)	**"SPECIAL NEEDS" WEEKLY
UNDER 2 ½				
2 ½ - SCHOOL AGE				
SCHOOL AGE - 12				

**\*Not reimbursable in all states.**

I hereby certify the above information is true and correct.

Caregiver:

(Signature - If licensed or registered, this must be signed by Owner or Authorized Agent of Owner)

Date: \_\_\_\_\_